

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

September 4, 2018

Ms. Emma Sheldon, Manager
Holton Home
158 Western Avenue
Brattleboro, VT 05301

Dear Ms. Sheldon:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 17, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/17/2018
NAME OF PROVIDER OR SUPPLIER HOLTON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 158 WESTERN AVENUE BRATTLEBORO, VT 05301			
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R100	Initial Comments: An unannounced relicensing survey and an anonymous complaint investigation was conducted on 7/16 through 7/17/18 by the Division of Licensing and Protection. The findings for both the survey and complaint investigation are as follows:	R100			
R136 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to complete a significant change assessment for 2 of 5 sampled residents, (Resident #3 and Resident #5). The findings include the following: 1. Per medical record review, Resident #3 was admitted in July 2017, and the admission assessment was completed as required. An annual assessment has not been completed as of yet. The facility provided the resident/family a 30-day notice of discharge dated July 12, 2018. The letter identifies that the resident's needs have changed/increased. During the month of March 2018, Resident #3 was located on the sidewalk by a passer-by, with multiple bruises and abrasions. Per physician progress notes dated	R136	See attached POC ampt 8/23/18 MB/rl		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Emma Shields
STATE FORM

TITLE

Site Director

(X6) DATE

8/10/18

6899

RTV511

If continuation sheet 1 of 19

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R136	Continued From page 1 6/29/18 the resident has had several instances of wandering out of the building and had needed to be retrieved by staff. The notice identifies increased confusion, staff presence to provide monitoring and redirection to ensure safety. The physician has ordered the use of an antipsychotic medication to help manage these behaviors and actions. Per observation on 7/16/18 at approximately 4 PM, the surveyor observed Resident #3 interrupting staff during medication pass, as s/he was being overly concerned about a resident who was sitting upright in a chair. The staff had difficulty redirecting the resident. Eventually, the Registered Nurse (RN) provided 1:1 attention with the intent to calm her/his anxiety. The RN Administrator confirmed, on 7/17/18 at approximately 10:35 AM that a significant change of assessment has not been completed and probably should have. 2. Per medical record review for Resident #5, was admitted in October 2012, had a reassessment completed on 9/7/17 signed by the Registered Nurse (RN). The assessment identifies that the resident requires only limited assistance (supervision) for the ability to move between locations, is able to eat independently and requires assist of a care taker, for bathing in the tub/shower. On 5/7/18, Resident #5 had a fall, resulting in a nondisplaced fracture of the right scapular. The resident did complain of pain, required full assistance with bathing, dressing, toileting and physical therapy was necessary. On 7/17/18, the physician documented that the resident is using her/his arm and shoulder with no residual. The resident was also fitted for a wrist splint, to relieve chronic pain related to bilateral	R136			

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R136	Continued From page 2 carpal tunnel syndrome. The RN Administrator confirms on 7/17/18 at approximately 2 PM that a significant change assessment was not completed at the time of the fall. Resident #5, did require increased assistance with all care for approximately two (2) months.	R136			
R145 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on observation, medical record review and confirmed by staff interview, the facility failed describe in the care plan the care and services necessary to assist 3 of 5 sampled residents (Residents # 3, # 4 and # 5), to maintain independence and well-being. The findings include the following: 1. Per review of the medical record, Resident #3 was admitted in July 2017. The care plan was completed by the Registered Nurse (RN) on 4/16/18. The resident's care needs have increased/changed related to increased confusion, staff presence to provide monitoring	R145			

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R145	Continued From page 3 and redirection to ensure safety. The resident has wandered off the premises several times that required staff to retrieve the resident. The physician has ordered the use of an antipsychotic medication as needed, to help manage those behaviors and actions. Per observation on 7/16/18 at approximately 4 PM, the surveyor observed Resident #3 interrupting staff during medication pass, as s/he was being overly concerned about a resident who was sitting upright in a chair. The staff had difficulty redirecting the resident. Eventually, the Registered Nurse (RN) provided 1:1 attention with the intent to calm her/his anxiety. Confirmation was made by the RN Administrator on 7/17/18 at approximately 10:30 AM, that the care plan does not identify increased confusion and intrusion towards other residents. Nonpharmacological interventions to assist in relieving anxiety/agitation are not identified. The care plan does identify the Care Tracker device. However, there is no documentation identifying that the resident has wandered off the premises several times. Nor are there documented initiatives for staff direction to monitor the resident's whereabouts or suggestions for redirection. The RN confirms that the plan of care does not identify Resident #3's current status. 2. Per medical record review, Resident #4 was admitted in June 2011. The care plan was last updated by the Registered Nurse (RN) 3/12/18. The resident developed a necrotic 2nd toe on the left foot that self-amputated. Wound care was provided, and pain management covered initially by injection and Hospice Care that began in March 2017. The wound currently is healed and	R145			

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R145	Continued From page 4 does not require any dressing. The RN Administrator confirms on 7/16/18 at approximately 4 PM, that the care plan does not identify that the wound developed and/or that it is currently healed. The care plan identifies Morphine injection prior to dressing change that has not been necessary for well over 30 days and there is no mention of an active diagnosis of Malnutrition that requires a physician's order for Ensure one bottle with each meal. 3. Per medical record review, Resident #5 was admitted in October 2012. The care plan was last updated by the Registered Nurse (RN) on 2/12/18. On 5/7/18, Resident #5 had a fall, resulting in a nondisplaced fracture of the right scapular. The resident did complain of pain, required full assistance with bathing, dressing, toileting and physical therapy was necessary. The resident also is diagnosed with bilateral carpal tunnel syndrome and has been fitted for a wrist splint to relieve chronic pain. The RN Administrator confirms on 7/17/18 at approximately 2 PM, that Resident #5's increased care needs were never identified on the care plan. Confirmation was also made that the care plan does not identify falls and need for monitoring, Carpal Tunnel Syndrome and the need for splint application. The resident also requires the use of PRN (as needed) oxygen for shortness of breath, weight monitoring due to bilateral ankle/leg edema and the need for prn diuretics, which is not addressed on the care plan.	R145			
R155 SS=E	V. RESIDENT CARE AND HOME SERVICES	R155			

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R155	Continued From page 5 5.9.c. (12) Assume responsibility for staff performance in the administration of or assistance with resident medication in accordance with the home's policies. This REQUIREMENT is not met as evidenced by: Based on observation, record review and confirmed by staff interview, the facility Registered Nurse failed to assume responsibility assuring the security of medications for 3 of 6 residents who choose to self-administer prescription and over the counter medications, (Resident #1, #2 and #7). The findings include the following: 1. Per observation in the presence of the Registered Nurse (RN) Administrator, on 7/17/18 at approximately 8:30 AM, Resident #1 was discovered to have prescription and over the counter medications stored in the medicine cabinet in the resident's bathroom and also in a small bureau located in the bathroom. The medicine cabinet has a round plastic spice container, storing Amoxicillin, Omeprazole, Calcium, and Ativan. There were also two (2) small wooden decorative boxes filled with capsules and tablets that were not labeled. The bureau stored extra bingo cards with prescription medications as well as an inhaler. None of medications were secured (locked) and the resident confirmed s/he should lock them, but s/he does not. A small unlocked pad lock, was hanging on the bureau in the bathroom. The medications in the spice container, were not labeled appropriately, no identifying directions for administration nor is there identification of the	R155			

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R155	Continued From page 6 dose of each medication stored. A bottle of prescription Linzess, (a medication used for constipation), is outdated as of 5/10/16 and a partially used bottle of Advil outdated as of 2/2011. The resident and the RN confirmed the medication presence and that the resident's bedroom door is never locked. The RN was unaware of the outdated medications that need to be destroyed. 2. Per observation in the presence of the Registered Nurse (RN) Administrator on 7/16/18 and again on 7/17/18 at approximately 9 AM, Resident #2 was discovered to have prescription and over the counter medications stored in the resident's top bureau drawer unlocked. The medications discovered were as follows: Amlodipine 2.5 mg. tablets, Prednisone 1 mg. tablets, Prednisone 5 mg. tablets, Losartan 50 mg. tablets and a partially used bottle of Multivitamins. The resident confirmed at the time that the medications are kept in the top drawer for convenience, but has discontinued medications and the controlled substances (Tramadol and Ambien), secure in the locked box located in the closet. The RN confirmed medication presence and that the resident's room is never locked. The RN was unaware of the outdated medications that need to be destroyed. 3. Per observation in the presence of the Registered Nurse (RN) Administrator on 7/16/18 at approximately 9 AM, on entrance into Resident #7's unlocked room, visibly identified to be on the top of the resident's bureau, was a weekly pill organizer filled with prescription medications. The resident also had a bottle of prescription Levothyroxine in the top drawer of his/her bureau. Levothyroxine is used for residents who require thyroid replacement therapy. The RN confirmed	R155			

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R155	Continued From page 7 the presence of the unlocked medication. The facility's medication policy identifies that residents may manage their own medications, including over the counter medications and may keep them in their room. Residents are to keep the RN apprised of all medications they are taking, including over the counter medications. The RN will review the medications with the resident and their physician on a regular basis.	R155			
R170 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.f Residents who are capable of self-administration have the right to purchase and self administer over-the-counter medications. However, the home must make every reasonable effort to be aware of such medications in order to monitor for and educate the residents about possible adverse reactions or interactions with other medications without violating the resident's rights to direct the resident's own care. If a resident's over-the-counter medications use poses a significant threat to the resident's health, staff must notify the physician This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review the facility Registered Nurse (RN) Administrator failed to assess and monitor 2 of 2 sampled resident for their abilities for the self-administration of prescription and over the counter medications that are left in their rooms, (Resident #1 and Resident #2). The findings	R170			

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R170	Continued From page 8 include the following: Per Medication Administration Record (MAR) review for Resident #1 and Resident #3 identifies that both residents self-medicate all prescription and over the counter medications. Physician orders indicate approval, however there is no evidence in either resident's medical record that evidences that the RN has completed an assessment ensuring that Resident #1 and Resident #2 have the abilities and knowledge to self-administer prescription and over the counter medications. Medication Policy identifies that when a resident is admitted and as needed thereafter, residents are assessed by the RN as to whether they meet criteria to self-administer their medications. Both residents have been in the facility for two (2) years or more. Confirmation was made by the RN Administrator on 7/17/18, that an assessment has not been completed for Resident #1 or Resident #2.		R170		
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered;		R171		

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R171	<p>Continued From page 9</p> <p>(2) All instances of refusal of medications, including the reason why and the actions taken by the home;</p> <p>(3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;</p> <p>(4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and</p> <p>(5) For residents receiving psychoactive medications, a record of monitoring for side effects.</p> <p>(6) All incidents of medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by staff interview the facility failed to assure that 1 applicable resident sampled, who receives psychoactive medications is monitored for side effects, (Resident # 3). The findings include the following:</p> <p>Per record review, Resident #3 has had a physician order since 2/13/18 for Seroquel 12.5 milligrams (mg.) by mouth daily as needed for agitation/anxiety. Seroquel is an antipsychotic medication used to treat specific psychiatric disorders as well as depression. In the months of March, April, May, June 2018 the resident received two or more doses of the medication, each month. S/He has not received any in the month of July to date.</p> <p>Per review of the Care Plan completed on 4/16/18 and signed by the Registered Nurse (RN), identifies that the resident is to have a quarterly psychotropic assessment (AIMS screening) completed. AIMS screening identifies</p>	R171			

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R171	Continued From page 10 abnormal involuntary movement, that can be caused by using antipsychotic medication. Per medical record review an AIMS screening could not be located. Confirmation was made by the RN Administrator on 7/17/18 at approximately 10:53 AM, that the screening has not been completed and the resident has not been monitored for side effects from the use of the antipsychotic medication.	R171			
R172 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h All medicines and chemicals used in the home must be labeled in accordance with currently accepted professional standards of practice. Medication shall be used only for the resident identified on the pharmacy label. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff/ resident interviews, the facility failed to ensure that all medications are labeled in accordance with currently accepted professional standards of practice for 1 applicable sampled resident (Resident #1). The findings include the following: Per observation in the presence of the Registered Nurse Administrator, on 7/16/18 at approximately 10:30 AM, Resident #1 was discovered to have prescription and over the counter medications stored in the medicine cabinet in the resident's bathroom. The medicine cabinet had a large round plastic spice container, storing Amoxicillin, Omeprazole, Calcium, and Ativan. There were	R172			

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R172	Continued From page 11 also two (2) small wooden decorative boxes filled with capsules and tablets of medications. None of the medications were labeled appropriately, identifying the directions for administration nor is there any identification of the dose of each particular medication. The resident and the RN confirmed the medication presence as found both stored inappropriately and not labeled utilizing professional standards of practice as required. The resident confirmed that s/he placed the medications in the containers for her convenience.	R172			
R177 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (5) Narcotics and other controlled drugs must be kept in a locked cabinet. Narcotics must be accounted for on a daily basis. Other controlled drugs shall be accounted for on at least a weekly basis. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview, the facility has failed to assure that controlled substances are kept in a locked cabinet (Resident #1) and are accounted for on a weekly basis for 2 applicable residents (Resident #1 and #2). The findings include the following: 1. Per observation on 7/17/18 in the presence of the Registered Nurse (RN) Administrator, Resident #1 had a controlled substance; Alivan	R177			

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R177	Continued From page 12 0.5 mg tablets, (medication administered to relieve anxiety), unlocked in the medicine cabinet located in the resident's bathroom. Per discussion with the Medication Technician at 7:45 AM, and the RN, both confirms that the medication has not been counted or reconciled since it was obtained. 2. Per observation on 7/17/18 in the presence of the Registered Nurse (RN) Administrator, Resident #2 had two controlled substances, Tramadol (medication used to relieve pain) and Ambien (sleep medication) locked in a cabinet. Confirmation was made by the RN at approximately 8:30 AM, that the medications have not been counted or reconciled since obtained.	R177			
R181 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and	R181			

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R181	Continued From page 13 Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions. This REQUIREMENT is not met as evidenced by: Based on employee file review and confirmed by staff interview, the facility failed to assure that Child and Abuse Registry checks were conducted for 1 of 5 employees reviewed (Employee #1). The findings include the following: Employee file #1 was inspected in the presence of the site Director on 7/16/18. The employee file contained signed permission from the employee to conduct the registry reviews but no results were located in the file. The site Director confirmed at that time, that she was unaware that the registry reviews were not conducted.	R181			
R222 SS=D	VI. RESIDENTS' RIGHTS 6.10 The resident's right to privacy extends to all records and personal information. Personal information about a resident shall not be discussed with anyone not directly involved in the resident's care. Release of any record, excerpts from or information contained in such records shall be subject to the resident's written approval, except as requested by representatives of the licensing agency to carry out its responsibilities or as otherwise provided by law. This REQUIREMENT is not met as evidenced by:	R222			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/17/2018
NAME OF PROVIDER OR SUPPLIER HOLTON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 158 WESTERN AVENUE BRATTLEBORO, VT 05301			
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R222	Continued From page 14 Based on record review and confirmed by staff interviews, the past Executive Director failed to protect the rights of privacy, for 1 applicable resident (Resident #6), by discussing personal information during a staff meeting, that included guest speakers in the audience. The findings include the following: Confirmation was made by 4 of 5 staff members interviewed on 7/16/18 from 2:30 PM through 3:30 PM, that personal health and financial information was divulged during a staff meeting that pertained to Resident #6. The staff meeting was conducted by the past Executive Director (ED). The meeting included approximately eighteen (18) staff members and guest speakers from the Employee Assistance Program (EAP) and AFLAC Insurance Plan. The interviewees identified that normally resident review information is shared at the end of staff meeting, but not during the meeting that took place on 4/26/18. The ED began the meeting by discussing to the group, that a recent investigation was conducted by State officials, for s/he was being investigated for exploitation of money taken from Resident #6. The resident's first and last name was identified during the meeting. The ED identified the sum of \$56,000.00, and voiced that s/he showed the officials that the money was taken in a satisfactory manner. The ED shared with the entire group, that Resident #6's health had declined over the years, that s/he had dementia and that s/he (the ED) had written a check without the resident's permission. Resident #6, had made numerous donations over the years. During the interviews, staff identified what some of the donations were used for. All interviewees identified that they were aware that private information should not have been shared, for they	R222			

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R222	Continued From page 15 are educated on resident privacy annually. The staff interviewed confirmed that minutes to staff meeting are not taken, however the staff sign in sheet was provided. Resident release of information signed by the resident on 10/19/10, 5/23/14, 7/14/15, 8/18/15 and 9/13/17 identify permission to release information to the MD, specific family members and Health Care and Rehab Services. There is no permission to grant either financial or personal information to the public. On numerous occasions dating back to 2011, Resident #6 made it clear that certain donations made were to be kept anonymous.	R222			
R250 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.e The use of outdated, unlabeled or damaged canned goods is prohibited and such goods shall not be maintained on the premises. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview, the facility failed to assure that food used for consumption is not outdated. The findings include the following: Per observation of the various storage areas in the dietary department, on 7/18/18 at approximately 9:51 AM the following were identified: -The refrigerator in the kitchen, stored on the left lower drawer was a jar of partially used pickles.	R250			

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NAME OF PROVIDER OR SUPPLIER HOLTON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 158 WESTERN AVENUE BRATTLEBORO, VT 05301			
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R250	Continued From page 16 The jar had a used by date of 5/21/18; -The walk-in cooler had multiple blocks of cheese that were spotted with mold and packages of grated cheese, partially used and not dated as to when the product was opened; -In the dry storage area was found to have two (2) opened partially used 5 pound bags of corn meal, one of the bags was outdated back to 9/14/17. A five (5) pound bag of brownie mix partially used, a five (5) pound bag of unsweetened chocolate partially used, a 10.6 ounce box of dry cereal partially used and not sealed. Only one bag was dated as to when the product were opened. Confirmation was made by the FSS that all foods opened are to be dated, if not used after 5 days they are to be discarded. FSS confirms that the above items were discovered as identified.	R250			
R252 SS=F	VII. NUTRITION AND FOOD SERVICES 7.2 Food Storage and Equipment 7.3.b Areas of the home used for storage of food, drink, equipment or utensils shall be constructed to be easily cleaned and shall be kept clean This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview the facility failed to assure that all equipment in the main kitchen is kept clean. The findings include the following: Per tour of the dietary kitchen, in the presence of the Food Service Manager (FSS) on 7/18/18 at approximately 9:38 AM, the following was	R252			

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R252	Continued From page 17 observed: -The hood that is located directly above the main cooking stove was found to have visible, accumulated dust and grime; -The two (2) exhaust fans located in the walk in cooler/freezer had visible, accumulated dust and grime. The fan in the cooler was blowing onto various uncovered fresh food/vegetables; -Directly behind the food preparation area, was a large stand fan that was blowing directly onto the prep area. The fan had visible accumulated dust and grime. The FSS confirmed during the tour that s/he was directed to make a cleaning schedule some months ago, that has yet to be developed. S/He also confirmed at this time that the areas are in need of cleaning.	R252			
R266 SS=C	IX PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview, the facility failed to provide a sanitary and homelike environment in resident private bathrooms, on all three floors. The findings include the following: Per facility tour with the site Director on 7/16/18 that began at 10:22 AM, numerous bathroom	R266			

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R266	Continued From page 18 exhaust fans/vents were discovered to visibly have an accumulation of dust and grime. Confirmation was made at the end of the tour, at approximately 12 noon, by both the site Director and the Maintenance Director that the exhaust fans/vents in resident bathrooms need cleaning. The fans/vents are not an area that are routinely checked.		R266		

8/13/18

Plan of Correction
Holton Home
158 Western Avenue
Brattleboro, VT 05301

Manager: Emma Sheldon

As a result of the survey conducted on July 16th- 17th, 2018, the below actions have taken place to ensure that we are back in compliance with the cited regulations, and that we continue to maintain compliance.

R136 V. Resident Care and Home Services 5.7

1. Resident #3 discharged from the facility to a safer setting on 8/8/18. Resident #5 will have a change of assessment completed to reflect current needs.
2. The RCA will complete a change of status assessment for all residents who require more care following a decline in physical or cognitive health, or following an event such as a fall. The RCA will collaborate with the direct care staff to determine the specific care needs for each resident and ensure that the resident assessment and plan of care reflect those needs.
3. The Site Director will collaborate closely with the RCA and provide additional clinical support as needed to ensure that all paperwork is completed in a timely manner.
4. Resident #3 has discharged from the facility as of 8/8/18. The change of status assessment for resident #5 will be completed by 09/10/2018.

R145 V. Resident Care and Home Services 5.9

1. Resident #3 has discharged from the facility to a safer setting as of 8/8/18. Resident #4 will have an updated plan of care that will remove the care needs no longer necessary, and add in a plan for the residents' malnutrition diagnoses and need for Ensure with each meal. Resident #5 will have an updated plan of care that will identify residents' increased care needs. This will include a plan for identifying and monitoring falls, monitoring residents' diagnosis of Carpal Tunnel Syndrome and application of the splint, the use of PRN oxygen for shortness of breath, weight monitoring for bilateral ankle/leg edema, and the need for PRN diuretics.
2. The RCA will complete a care plan upon admission and update resident care plans every time there is a change of status with an increase or decrease in care needs. The RCA will collaborate with the direct care staff to determine the specific care needs for each resident and ensure that the resident care plan reflects those needs.
3. The Site Director will collaborate closely with the RCA and provide additional clinical support as needed to ensure that all paperwork is completed in a timely manner.

*POC amt 8/23/18
MB/srl*

4. Resident #3 has discharged from the facility as of 8/8/18. The care plan for resident #4 will be updated by 09/10/2018. The care plan for resident #5 will be updated by 09/10/2018.

R155 V. Resident Care and Home Services 5.9

1. Resident #1, Resident #2, and Resident #7 will be educated regarding the secure storage of all medications. The residents will agree to securing all medications or the facility will store all medications at the nurses' station.

2. The direct care staff will regularly monitor with the supervision of the RCA that all residents who are approved to self-administer medications keep them in a secured location on a daily basis. If a resident is found to have their medications unsecured, the RCA will work with them to put a plan into place to ensure compliance with the facilities policies and state regulations.

3. All direct care and housekeeping employees who enter each residents room multiple times per day will assist the RCA with monitoring that all medications are secured. If one of the employee's notices medications are not being stored in a secure location the RCA will be notified immediately, and a plan will be put in place to ensure compliance with the facilities policies and state regulations.

4. Resident #1, Resident #2, and Resident #7 were all education regarding the secure storage of all medications as of 7/20/18. The direct care employees began monitoring the secure storage of medications immediately following the resident education on 7/20/18.

R170 V. Resident Care and Home Services 5.10

1. An assessment regarding the residents' ability to self-administer medications will be conducted for Resident #1 and Resident #2.

2. The RCA will complete an assessment regarding each residents' ability to self-administer medications upon admission, when there is a change of status, or when it is observed by direct care employees that the resident may be having difficulty managing medications on their own. Direct care employees will collaborate with the RCA to ensure that the assessment and a new plan of care are completed immediately following a change in the residents' condition.

3. The RCA has on her admission checklist to assess for the residents' ability to self-administer medications and will complete this assessment during the admissions process. The RCA will collaborate with the direct care staff to determine the specific care needs for each resident and ensure that the resident care plan reflects those needs. The Site Director will collaborate closely with the RCA and provide additional clinical support as needed to ensure that all paperwork is completed in a timely manner.

4. Resident #1 and Resident #2 will be assessed for their ability to self-administer medications by 09/10/2018.

POC complete
8/23/18
MB/srl

R171 V. Resident Care and Home Services 5.10

1. Resident #3 has discharged from the facility to a safer setting on 8/8/18.
2. All residents who are prescribed to PRN psychoactive medications will be closely monitored for side effects by the LNA who is giving the medications at that time. The LNA's observations will be documented in the residents' notes which will be read by RCA and then transferred into the residents' medical chart. Any resident requiring an AIM's assessment will have one conducted in the exact manner as indicated in the residents' plan of care.
3. All employees will receive annual education and education upon hire regarding proper documentation in regards to medications. The RCA will ensure that during the medication certification training and assessment, that the employees clearly demonstrate the skills required to monitor for side effects of medications, specifically psychotropic medications. If the employee does not demonstrate this ability, they will not be approved for assisting with medication administration.
4. Resident #3 has discharged from the facility as of 8/8/18.

R172 V. Resident Care and Home Services 5.10

1. The RCA will communicate with Resident #1 regarding the inappropriate storage and labeling of medications. The RCA will work with Resident #1 to come up with a plan that will be in compliance with current laws and regulations.
2. The RCA will educate residents who are approved to self-administer medications upon admission regarding the rules related to storage and labeling of medications. The RCA will educate the direct care employees to check resident rooms for any inappropriately labeled or stored medications on a daily basis. The direct care staff will notify the RCA immediately if an issue or concern is identified.
3. The RCA will add to her admissions checklist to educate residents approved to self-administer medications regarding the proper storage and labeling of medications. Direct care employees will be trained to monitor this on a daily basis, and notify the RCA immediately if an issue or concern is identified.
4. Resident #1 will be educated regarding the proper storage and labeling of medications on 09/10/2018. Direct care employees will be educated on how to monitor for proper storing and labeling of medications on a daily basis by 09/10/2018. The resident's medications will be properly stored and labeled by 09/10/2018.

R177 V. Resident Care and Home Services 5.10

1. The RCA will provide education to Resident #1 and Resident #2 regarding the proper storage of medications. The RCA will create a checklist and add it to the responsibility of the LNA

*POC amt 8/23/18
MB/SL*

assisting with medication administration to count all narcotics on a daily basis, and to count all controlled substances on a weekly basis.

2. The RCA will incorporate the task of counting narcotics daily and counting controlled substances weekly into the annual medication re-certification training, and the certification training for new direct care employees. The counting checklists will be checked during the MAR reconciliation at the end of each month to ensure the direct care employees are following through with the counting checklists.

3. The RCA will do random checks by monitoring the counting checklist without notifying the direct care LNA ahead of time. The RCA will then do a counting check of narcotics and any controlled substances at that time to ensure the number counted for that day or week was correct. Re-education regarding medication administration will be given on an as-needed basis, annually, and upon hire.

4. Resident #1 will be educated on the proper storage of medications by 09/10/2018. Resident #2 and all residents who self-administer medications will be educated on the need to do daily and weekly counts of narcotics and/or controlled substances by 09/10/2018. The direct care employees will be educated on the new checklist and counting methods for narcotics and controlled substances by 09/10/2018, and this new process will be implemented by the RCA as of 09/10/2018.

R181 V. Resident Care and Home Services 5.11

1. Employee #1's Child and Adult Abuse Registry checks were conducted on 07/17/2018.

2. The new hire checklist includes ensuring that all required background checks are conducted upon hire. The administrator will follow this checklist when on-boarding new employees every time.

3. The Resident Care Administrator will collaborate with the Administrator to check each other's new hire checklists to ensure that all background checks have been conducted, printed, and put into each employee's personnel file.

4. The results of Employee #1's Child and Adult Abuse Registry checks came back on 7/18/2018, were printed and put into the employees personnel file.

R222 VI. Residents Rights 6.10

1. All employees have been spoken to by the Site Director and Resident Care Administrator (RCA) regarding resident rights, HIPPA, and confidentiality, and have confirmed thorough understanding of these rules. The employee who violated this regulation is no longer an employee of the organization.

2. Employees will continue to be trained annually on resident rights, HIPPA, and confidentiality. Upon hire each new employee is required to read the resident rights and sign a document

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acknowledging clear understanding while also agreeing to follow them. This form is put in each employee's personnel file.

3. The RCA will help employees resolve any concerns that arise with residents or other employees, and ensure that the regulations and laws that protect resident privacy are followed at all times. If an employee appears to be in violation the RCA will meet with them privately and engage in disciplinary action if necessary.

4. This regulation was addressed and completed by July 19th, 2018.

R250 VII. Nutrition and Food Services 7.2

1. All of the items identified during the licensing survey in the refrigerator, walk-in cooler, and dry storage area have been disposed of. All other items were inventoried and checked at that time to ensure use by dates were in place, and no other items were outdated.

2. The Chef Manager and cook were retrained regarding the food storage rules. Each of them ensured full understanding of dating all opened food items, and then disposing of them after not being used for five days.

3. The Food Service Manager will conduct random checks when coming to the home to meet with the kitchen staff to ensure there are no outdated or undated food items in the kitchen. The Chef Manager will have a rotation schedule to check opened food items on a weekly basis, and ensure that no item is kept open after the five-day period.

4. The opened or outdated food items were disposed of as of 7/18/18, and all kitchen staff were retrained as of 7/20/18.

R252 VII. Nutrition and Food Services 7.3

1. All areas in the kitchen identified as having accumulated dust and grime including the hood, the two exhaust fans in the walk-in cooler/freezer, and the large stand fan were thoroughly cleaned and are now free of dust and grime. The large fan was moved so that it would not be blowing directly on the food preparation area.

2. The Food Service Manager worked with the kitchen staff to create a regular weekly/monthly cleaning schedule with assigned tasks. The Chef Manager will coordinate with the Maintenance Director or Site Director to ensure that the appropriate vendors are contacted in a timely manner when areas of the kitchen need to be cleaned that the regular staff cannot do alone.

3. The Food Service Manager will do an inspection of the kitchen each time they visit the home on at least a biweekly/monthly basis. The Maintenance Director will check the kitchen on a monthly basis to ensure that all areas are free from dust and grime.

4. All areas of the kitchen identified as having dust and grime were cleaned as of 7/20/18. The cleaning checklists and inspection of the kitchen were put into effect immediately.

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8/23/18 MB/BD

R266 IX. Physical Plant 9.1

1. All bathroom vents in resident rooms and public bathrooms will be thoroughly cleaned.
2. The Maintenance Director will add this task to the cleaning checklist and will clean the bathroom vents quarterly or as needed.
3. The Maintenance Director will coordinate with the housekeepers to check the vents regularly and let him know if any need to be cleaned. The Maintenance Director will do random checks monthly in resident rooms.
4. All bathroom vents on the third floor and half of the second floor have been thoroughly cleaned. The vents on the rest of the second floor and the first floor will be thoroughly cleaned by 8/31/2018.

*done 8/23/18
MB/821*